QUERIES

IN

MEDICAL ETHICS.

BY

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M DCCC L.

The profits of this little work, if any, will be given to some Medical Charity.

ADVERTISEMENT.

The following "Queries" were read before the Medico-Chirurgical Society of Aberdeen, April 5, 1849; they were afterwards published in the *London Medical Gazette*, Aug. 1849; and they are now reprinted with some alterations, by permission of the Author, in the hope that they may be more extensively useful in a separate form. With reference to their origin Mr. Fraser states that they "were noted down at different times, as the circumstances giving rise to them occurred. These circumstances," (he says,) "which were such as must have frequently happened to every member of the Society, have in no instance left any unfriendly personal feeling in my mind, but rather the reverse. I am far from thinking that I have in every case given the proper solution to the queries, or satisfactorily set at rest the difficulties that have been started: indeed, I fear that in many instances I have done little beyond opening up the subject for discussion. They are brought forward chiefly for the sake of eliciting

information, and of directing attention (more particularly that of my younger brethren,) to the consideration of those principles by which our conduct towards each other, as well as to our patients and the public, should be governed[a]."

Feb. 2, 1850.

[a] "Although the answers given in this paper were not, of course, endorsed as correct by the Society as a body, yet it may be stated with perfect truth that they expressed as nearly as possible the views that seemed, in general, to be entertained on the points to which they refer."

CONTENTS.

QUERIES IN MEDICAL ETHICS.

Query 1.—If a patient wishes you to call into consultation a medical man, of whose qualifications in the circumstances of the case you may have an unfavourable opinion—is it proper or honourable to decline doing so, or to endeavour to alter the opinion of your patient?

Ans.—If your patient expresses a very decided wish to have a particular person called in, you ought to acquiesce, provided there be no professional stain on his character sufficient to warrant your declining to do so. His being junior to yourself, either in age or professional standing, is certainly no sufficient reason.

Query 2.—If, on being sent for by a patient, you find that he has been under the charge of another, who, from some reason or other, has discontinued his attendance, although it was still desired by the patient—is it proper in you to take charge of the case, or ought you previously to communicate with the other medical attendant?

Ans.—You should advise the patient to let his former attendant understand that he wishes his services to be continued, and then if the latter decline to continue them, there is nothing to prevent your taking charge of the case.

Query 3.—When a medical man is called into consultation by another, and they entertain a difference of opinion as to the nature of the case, (a difference, however, which does not prevent them from co-operating in its future management,)—is either of them justified in giving an unfavourable impression of the practice of the other to the patient or his friends, or to any other person?

Ans.—No.

Query 4.—When a medical man's advice is asked by a person whom he knows or suspects to be at the time attended by another—what is the proper course for him to pursue?

Ans.—He should do as he would be done by, and not encourage any such application; but rather by his answer endeavour to strengthen the person's confidence in his medical attendant.

Query 5.—If, during your attendance on a case, another medical man should, without your own or the patient's consent being asked, be called in, and that not by the party who employed

you in the first instance—what is the proper conduct to pursue?

Ans.—I think to decline meeting him, till the wish of your patient and employer be ascertained.

Query 6.—When a medical man, called during the progress of a case into consultation with another practitioner, persists, without any expressed wish on the part of the patient or friends, in continuing his services after the danger is over, and when the person first in attendance thinks his further assistance both unnecessary and inconvenient—what is the proper course to be pursued?

Ans.—The most effectual hint would be paying him his fee; but if he declare the case to be still in need of his attendance, you can have no resource but coming to a rupture with him.

Query 7.—When a medical man is called to a case on an emergency, during the absence of the practitioner in attendance—what is the proper etiquette to be observed by the two?

Ans.—The person called in should do what is *necessary* in the urgency of the case, and nothing more; nor should he repeat his visit. He might write a note to the regular attendant, if he thinks it necessary, explaining what has been done. The ordinary attendant, on the other hand, should not neglect to thank the other, either verbally or by

letter, for his assistance; and, moreover, if this has been of great consequence, and the patient's circumstances are such as to justify it, he should advise the latter to send him a suitable fee.

Query 8.—When a medical man, on proceeding to a case to which he has been summoned, but has been unable to give prompt attendance, finds that another has been sent for, and has already prescribed—what should be done?

Ans.—He should at once make his bow and retire, if the parties are strangers to him; or, if they are intimate friends, or the case is that of a previous patient, and they express a very decided wish to retain his attendance in preference to that of the other, he should recommend them to settle on friendly terms with the latter, and afterwards to send to himself a message to renew his attendance.

Query 9.—When sent for, on an emergency, to a midwifery case, in the absence of the practitioner whose attendance had been pre-engaged; supposing him at last to arrive when the case is occupying your most serious attention, or even receiving your manual or mechanical interference—what is the proper etiquette to be followed?

Ans.—To resign the case into his hands at once, or, at all events, as soon as is safely prac-

ticable, after explaining the state of matters to him, and obtaining, or taking for granted, the patient's consent to the transference. If your further assistance is wished by the practitioner who was pre-engaged, or by the patient with his consent, (which it would probably be, if the case were one of difficulty or danger,) then you ought to remain. As to the remuneration, the answer would be the same as in Query 7.

Query 10.—In cases where a surgical operation is indicated, which the medical man in attendance does not feel himself warranted or inclined to undertake, what is the proper course to adopt, and what the proper etiquette to be observed between or among the medical men concerned in the treatment of the case?

Ans.—As the great majority of medical practitioners very properly eschew the performance of the more serious and capital operations in surgery, when the necessity for such an operation is clear and undoubted, or when its expediency has been agreed upon after sufficient consultation, the medical attendant should, with the acquiescence of the patient, select the person in whose judgment, experience, dexterity, and other requisite qualifications, he has most confidence. Supposing the person so selected should coincide with him as to the propriety of an operation, the mode and

circumstances of its performance, as well as the preparative and the immediate after-treatment, should be mainly left to him. The surgeon, however, should not assume any charge of the case beyond what his responsibility as the operator *pro tempore* requires of him, and should no more lay himself out for continued employment or general consultation by the patient, than would a dentist or cupper, whose services might happen to be required in similar circumstances.

Query 11.—When a medical man has a near relative residing at a distance dangerously ill, and when friends have written to him describing the condition of the patient and the treatment pursued, and wishing his opinion and advice—what course should he adopt? should he address himself to the friends, or to the practitioner in attendance?

Ans.—To the latter, unquestionably.

Query 12.—Is it proper, in a medical man to attend his own wife in her accouchement?

Ans.—Perfectly proper, provided he is accustomed to this branch of the profession, and she and her friends have confidence in him: but if there be anything unnatural and difficult in the case, he should at once procure assistance; or, if his feelings interfere with the proper treatment of it, he should leave it entirely in the hands of

another. Such a course will, in the event of a fatal termination, prevent malicious remarks, or even judicial interference, and save the practitioner and the friends from subsequent regrets.

Query 13.—Is it right for medical practitioners to enter into contracts to give their professional services to Friendly Societies, Poor-Law Unions, and other public bodies at a reduced rate—in fact, to undersell their medical brethren?

Ans.—The terms in which this query is couched render any answer almost unnecessary.

Query 14.—What allowance is to be made for mistakes committed in the course of practice; and how should these be regarded by the practitioner, both when occurring in his own, and in his brethren's practice?

Ans.—As it is undeniable, that, in so difficult and uncertain an art as that of medicine, mistakes and errors, both of omission and commission, must occur in the practice even of the most intelligent and careful men, it is the duty of the medical practitioner at all times to review his own conduct in the most dispassionate and self-searching manner. If, in the secret court of his own conscience, he should find himself compelled to return a verdict of such culpable ignorance, or imprudence, or neglect, as may have led to injurious or even fatal effects, he should by no

means try by sophistry to turn aside or efface from his mind the painful feelings which naturally follow as a punishment. These, in fact, both by the impression they make at the time, and by their seasonable recurrence as beacons in his after-practice, will form a most valuable part of his experience, and impart a tone of decision and earnestness to his management of cases, which can never animate either the mere scientific enthusiast on the one hand, or the mercenary empiric on the other.

In proportion to the practitioner's sense of his own short-comings and mistakes, (though that will generally be in the inverse ratio of the number of them,) will be his indulgence towards those of others. "If," says Dr. Lee, an eminent living American professor, "If there is a sight calculated to excite pity mingled with disgust, it is to see medical men judging of each other with harshness and severity; thinking that by depressing others, they do so much to elevate themselves[a]." Such conduct, though it may answer its dishonourable purpose for a time, never fails in the end to recoil on the head of the guilty party. As in every other instance where an individual seeks to advance his own interests by inflicting treasonable, ungrateful, and all the more aggravated, if secret,

[a] Quoted in the *Lancet*, for July 10, 1847, p. 51.

wounds on an honourable profession to which he belongs, through the persons of his brother-members, the fate of a traitor is, to a greater or less extent, sure to overtake him: that is, degradation from his rank in the profession, the loss of his right hand of usefulness and power, and confiscation of whatever portion he may have acquired of the general field of practice. In this, as in many of the other cases supposed in these Queries, the true answer, that which embodies the practical wisdom of the subject, may be given in the words of the great Christian maxim, commonly called the golden rule. The same universal rule is thus expressed in an inverted form by Shakspeare :—

> "This above all—To thine own self be true,
> And it must follow, as the night the day,
> Thou canst not then be false to any man."

Query 15.—When a junior member of a family applies to you, and states that he does so in consequence of having lost confidence in the family medical attendant—what is your proper course?

Ans.—If the applicant has arrived at years of discretion, and if the complaint is such as not to confine him to the house, or to obtrude itself upon the notice of the rest of the family, you should prescribe, and do what is necessary in the

circumstances. If the patient has not come to the years of discretion, or if the complaint is such that it must of necessity, or may by probability, confine him to the house, or come to the knowledge of his family, you should decline taking charge of the case till he has communicated with his parents or guardian, and obtained their sanction for your attendance. Before undertaking the case, however, you should endeavour to reconcile the patient to his ordinary attendant, by removing any prejudice or misconception he may be labouring under; although, when the objection is simply a decided want of confidence, no arguments that you can use will probably be of much avail.

Query 16.—If it should come to the knowledge of a medical man that a case under the management of some other person is evidently misunderstood, and must soon terminate fatally unless the proper treatment be adopted—is he at all justified in interfering? and if so, in what manner, and to what extent?

Ans.—In this delicate and disagreeable position, in which the medical man may by possibility find himself placed, the utmost caution and good faith are necessary. As a general rule, he should altogether discountenance (what is a too common practice among the ill-informed and lower classes,)

that gossiping criticism to which the practice of medical men is subjected; especially as he must know the difficulty that even a medical man has in forming an opinion from second-hand information. But there may be circumstances in which he cannot avoid listening to the appeals that may be made to him. "When artful ignorance," says Dr. Percival, "grossly imposes on credulity, when neglect puts to hazard an important life, or rashness threatens it with still more imminent danger, a medical neighbour, friend, or relative, apprized of such facts, will justly regard his interference as a duty. But he ought to be careful that the information on which he acts is well founded, that his motives are pure and honourable, and that his judgment of the measures pursued is built on experience and practical knowledge, not on speculative or theoretical differences of opinion. The particular circumstances of the case will suggest the most proper mode of conduct. In general, however, a personal and confidential application to the gentleman of the faculty concerned should be the first step taken, and afterwards, *if necessary*, the transaction may be communicated to the patient or to his family [b]." In opposition to this view of Dr. Percival's, a friend to whom I

[b] *Medical Ethics*, chap. ii. § 4.

lately shewed these Queries remarks :—" I really cannot see the propriety of assuming, that, in any instance whatever, where he is not professionally consulted by friend or legal authority,—and that on distinct grounds, and for a special purpose, such as shall free him from censure as a meddler,—a practitioner may or ought to give judgment regarding the treatment (however bad or dangerous,) pursued by another member of the profession, as to which treatment he must be *(ex hypothesi,)* imperfectly informed. Observe for a moment : he goes on hearsay only, no sufficient evidence being afforded to warrant an opinion; moreover, though the *reporters* may be conscientious and mean well, they may at the same time be either ignorant or mistaken, and so may unwittingly lead astray. In my view, a physician, *as such*, has no more title to become a public censor or reformer, than what may be claimed by any other member of society ; and that office, if assumed by him spontaneously, will almost infallibly be regarded with a suspicion of self-conceit, which (except under very peculiar circumstances,) a right-minded man would avoid, as calculated to injure his character and impair his usefulness."

Query 17.—Is it proper—and if so, under what circumstances—in a medical man to visit a

patient or acquaintance who has taken the benefit of a hospital or other public medical institution, and is under the treatment of its officers?

Ans.—Of course not as his medical adviser; but he is not, from the fact of belonging to the profession, to forego the privilege of visiting his friend or acquaintance, or former patient, when such visit had been desired or requested by the latter, or perhaps even made a condition of his going to the institution. Out of courtesy, however, to the medical attendants of the institution, if he cannot find it convenient to go while they are there, he ought to call on the resident surgeon, and request him to visit the patient along with him; and he should scrupulously abstain from any remarks calculated to diminish the patient's confidence in the professional attendance and general treatment he receives. The medical attendant of the institution cannot object to such a visit, if he should become aware of it, when made at the wish of the patient or those interested in him; and although he is not bound to consult with the previous attendant, common courtesy, and a desire to gratify his patient's wishes, and to promote his recovery, which is of course the main object of the institution, should induce him, (particularly in a case of difficulty or danger,) rather to encourage than avoid an

interchange of views and information on the subject with the former attendant.

The query, though put in general terms, alludes more particularly to an occasional occurrence which we must all have met with. A poor patient that you are called to see is placed in such circumstances that his removal to the hospital offers the only prospect of his obtaining the means that are essential to his cure—in fact, affords the only chance of his recovery. He refuses to go to it, probably from some preconceived prejudice, and is perhaps in such a state as to be inaccessible to argument. But he at last gives his consent on the condition that *you will call and see him after he is put in.* There are few medical men, I think, who would not comply with the request under these circumstances, and who would not also honourably keep their promise, by making at least one call under the restrictions and conditions previously described.

Query 18.—Is a medical man to consider himself bound in honour to conceal from the demands of justice, information that has come to his knowledge through the necessary and unavoidable divulgements of professional intercourse, when such testimony might prove detrimental to his patient?

Ans.—He is bound by law to forward the ends

of justice, and as an honest man and a good citizen he cannot and will not try to do otherwise. However, he should use his own discretion in cautioning his patient and the friends against imparting or exposing anything that could be turned to the party's disadvantage, and he should shew no inquisitiveness beyond what is absolutely necessary towards the proper discharge of his professional duties. The Roman Catholic priest enjoys in this respect, by the established law of custom I suppose, an advantage over the medical man; and very properly, for otherwise one of the most important rites of that religion would be rendered perfectly nugatory.

Query 19.—Do the prescriptions of a medical man belong to the patient or to the prescriber?

Ans.—The prescriptions written by a medical man are the property of his patients; and I do not think that the former is justified, under any circumstances, in taking away or destroying them. If he should do so, patients will be apt to suspect some sinister motive—most probably a wish to conceal his malpraxis, or else to deprive them of the means of treating themselves in any subsequent similar attack. If you find that a patient is at a loss to distinguish between one prescription and another, and is apt to make mistakes in sending to the druggist for his medi-

cines, you might, with perfect propriety, select from among his recipes, the old and disused ones, and tell him to lay these aside, or destroy them, in order to prevent mistakes; but you have no right, even in the case of a gratuitous patient, to recal or destroy a single prescription that has once passed your hand and been used by the patient. I would much rather run the risk of having my practice criticised by my brethren, (believing, as I do, that no honourable man, or one who could have much influence with a well-principled person, would take any unfair advantage,) than give my patient or his friends any reason to suspect that I wished to conceal or misrepresent the treatment that had been pursued. I have known instances of persons venting the most bitter (though, I believe, undeserved,) reflections on a medical man's treatment of their deceased relative, simply because he had asked for the prescriptions and destroyed them after his patient's death.

Query 20.—In the case of an accident involving responsibility on the part of any one, whether has the sufferer, or the person whose responsibility is compromised, the right to appoint the medical attendant?

Ans.—The patient himself or his friends, I think, have the prior right, (whether they choose to ex-

ercise it in the first instance, or not,) as no consideration can be held to outweigh a man's interest in his own life and health; but the other likewise has a right to satisfy himself as to the competency of the attendance and skill which are bestowed on the case; and, whether he has any doubts on these points or not, he may, for his own satisfaction, associate another along with the patient's own medical attendant: and of course it is the duty and policy of both these gentlemen to act in harmony for their patient's recovery, and at the same time to look after the interests of their respective clients.

In the question of remuneration in such cases, there is more of law than of medical ethics involved. Of course, if the party whose responsibility is at stake, appoint a medical man to attend, it falls on him to pay the latter under any circumstances. In a case where the responsibility or liability is disputed, either in whole or in part, this only affects the principals concerned in the dispute, which, if they cannot compromise it, must be settled by a legal tribunal; but, whatever be the issue, the medical man cannot be cut out of his fee, if the party who employed him is able to pay it. A medical man chosen by the patient to treat this particular case, even though his own ordinary attendant, if he undertakes it without

the concurrence and authority of the party supposed to be responsible, can have no direct resource against that party, nor against any one except the patient or the person who employed him. The latter is bound to pay in the first instance, having his action against the party presumed to be responsible, for the amount of the medical man's charge[c].

Query 21.—To what extent has the medical man a right to interfere in the selection of a druggist to supply the medicines he prescribes?

Ans.—Under ordinary circumstances, he has no right to dictate to his patients as to the druggist they should employ; but in justice to them, as well as to his own reputation, he is bound to see that the quality of the medicines they get is good; and when he does not know that they employ a druggist in whom he has reason to place confidence, and more particularly if he find that the indication he had in view has not been fulfilled by the medicine prescribed, he should ask for the bottle, &c., (on which, of course, the druggist's name is labelled,) and should taste or examine the contents,—not however with any appearance of suspicion, but simply as a matter of course. If he find good reason to suspect any

[c] Much has been written on this subject lately in the Medical Journals with reference to some cases of accidents on the railways.

mistake in the dispensing, or anything improper in the quality of the medicine, the more prudent course is to call on the druggist, who cannot, if treated with proper courtesy and delicacy, object to afford any explanation that may be necessary, or to submit to the practitioner's examination of any part of his stock of drugs that he may wish to see. When asked to whom the prescriptions are to be sent, (which he will frequently be,) the practitioner should say, "To any respectable druggist;" or he may mention the names of a few that he knows to be trustworthy, leaving the patient to make his choice. But if the practitioner is convinced by experience that any druggist does not keep his medicines of the standard strength, or otherwise does injustice to those who employ him, he is warranted—nay, he is bound, both in justice to himself and to his patients—to see that the latter do not put themselves within such a person's power.

QUERY 22.—What amount of confidence is it prudent or proper in the medical man to bestow on his patients with respect to the nature and treatment of their complaints?

ANS.—This will depend upon a variety of circumstances,—such as the patient's own character of mind, his desire for information on the subject of his disease, and his ability to appreciate it, as

well as upon the psychical effect that such information is, under the circumstances, likely to produce. But in general, and where the practitioner is what he ought to be, the best guarantee, not only for comfort and harmony in his intercourse with his patients, but even for the success of his treatment of them, will be an implicit trust in his integrity and skill on their part, though such confidence, of course, is not to be expected in every instance[d].

i. A general opinion as to the probable progress and termination of a case is usually expected from the practitioner in attendance; and, when he has had sufficient opportunity of forming one, and the nature of the diagnosis is such that anything like a distinct and certain prognosis of the disease can be formed, the patient or his friends

[d] I do not know if it agrees with the experience of others, but I have generally observed that, *caeteris paribus*, Roman Catholics and Episcopalians prove more manageable and confiding *as patients*, and consequently more curable, than Presbyterians and the multifarious body of non-conformists. It would, however, be no fair argument, supposing the correctness of this observation to be admitted, to infer that the value of different systems of religion, as regards the salvation of the soul, is to be measured by the influence they appear to have upon that of the body; although there can be no doubt that the circumstance in question might be accounted for by the different habits of mind imposed upon patients by the peculiar genius of the religion to which they belong. Scarcely more essential, in fact, to the soul's salvation, in the Christian dispensation, is religious faith, than is the other variety of this great virtue now referred to, towards recovery from many species of disease. But it is equally true of medicine as of religion, that the more genial and faith-inspiring is its nature, so much the more powerful will it be for safety or destruction, according to the true value or worthlessness for the end proposed, of the object towards which the faith is directed.

are entitled to be made acquainted with it by the medical attendant. Knowing, however, that this part of his conduct of a case is generally and justly looked upon as the chief test of his ability to treat it, he should use the utmost caution and discrimination in forming his prognosis, and, if necessary, should communicate it in as guarded a manner as he may think expedient.

ii. As a general rule it is advisable to let patients remain in ignorance of the composition of the medicines they are taking. Their prejudices, and, by consequence, their equanimity, will thus have far less chance of being ruffled, and the practitioner's hands will not run the risk of being tied up, as respects his future prescriptions, by his patient telling him that such a thing does not agree with him, and begging him not to give it him again. Moreover, upon the well-known principle (here less objectionably applied than in theology,) of ignorance being the mother of devotion or faith, the medicine will, in all probability, be held in higher estimation, and consequently be more efficient for its intended purpose. The young practitioner labours under a disadvantage in reference to this subject, compared with the old, as many patients consider that they have a right to know the composition of what they are receiving at *his* hands. The

very request, however, argues a want of confidence, which will only be encouraged by compliance: so that in general (being guided by his own judgment as to the cases that should be made exceptions to the rule,) he should be firm in his refusal to tell what he is giving; saying, for example, if urged on the subject, "It is something that will do you good; take it now, and if you are anxious about it afterwards, I can tell you what it is."

iii. In certain complaints, more particularly those of a nervous and hypochondriacal character, caution should be observed with respect to what exposition is given to the patient of his disease and its treatment. When treating of *Epilepsy*, Dr. Copland in his "Dictionary of Practical Medicine" makes the following excellent remarks on the subject, the force and propriety of which must strike every practitioner of the most ordinary experience. After having analyzed the case, and carefully disentangled the essential from the adventitious and accidental features of it, and so referred it to the class to which it belongs, he says:—"The physician should calmly and decidedly direct the means of cure with reference to the disposition, the feelings, the weaknesses, and the irresolution of the patient; and in a manner calculated to gain his

confidence, and to inspire hope. In this, as well as in all nervous diseases, the communications of the physician should be brief, clear, and forcible, without descending to any explanation whatever, either as to the cause or intimate nature of the disease, and the operation of the remedies he recommends, or as to his reasons for adopting them in preference to others; for these are matters respecting which no one but a well-educated medical man can think aright, or should even attempt to think. All endeavours to explain abstract matters connected with disease, and the means of removing it, to unprofessional persons, however well informed they may be, is to place ourselves at the mercy of the pragmatical objector, or self-sufficient volunteer in the professed cause of humanity. That ignorant empirics are sometimes apparently more successful in the cure of nervous diseases than scientific practitioners, chiefly arises from the circumstance of the former being incapable of stating their views, or assigning reasons for their procedures; whilst the latter, as justly remarked by Dr. Cheyne, are generally very much too ready, as respects both their own reputation and the confidence of their patients, to explain every thing. The empiric is fully convinced of the justice of the apophthegm, 'Omne ignotum pro magnifico,'

and acts conformably with it; the man of science is candid, and ready to impart to others the views he entertains. The silence of the one, although generally the cloak of ignorance, imposes more on the public than the open deductions of the other, however confirmed by science and enlightened experience[e]."

Query 23.—When a patient who is labouring under a complaint tending, if the proper means are not used, to a fatal termination, calmly and deliberately tells you that he does not wish to have his life protracted—what duty remains for you?

Ans.—To endeavour, in the first place, to bring him to a more hopeful and healthy frame of mind; and whether you succeed in this or not, to tell him, that, so long as you continue in attendance, you must and will use the proper means for his recovery. The friends, at the same time, should, with due discrimination, be made aware of the state of matters.

Query 24.—When a patient, feeling that his end is come, tells you calmly and decidedly that he wishes to die in peace, and to discontinue any further use of the means of recovery—what course remains for you?

Ans.—Simply to acquiesce, with the concurrence of the friends, and if you believe that the

[e] Vol. i. p. 800.

patient's presentiment is well founded. This I believe to be no uncommon occurrence, particularly in the instances of sagacious and strong minded persons. Mr. O'Connell's last illness might be mentioned as an example. "When the Rev. Charles Simeon, of Cambridge, had determined no longer to use any of the means which had been resorted to in the hope of prolonging his life, (feeling they were now profitless,) he said to his nurse, 'You cannot but say that up to this time I have submitted patiently, willingly, cheerfully, to every wish and order of Dr. Haviland; I have not made one objection, have I?' He then added, 'I did it all for the LORD's sake; because, if it had been His will to prolong my life, I was willing to use *any* means; but now I feel' (and he said this with great emphasis,) '*that the decree is gone forth; from this hour I am a dying man;* death is far sweeter than life under such circumstances. I will now wait patiently for my dismission. All that could possibly be done for me, *has* been done; of that I am fully persuaded and satisfied—tell Dr. Haviland so.'" And after this he took no more medicine[f]. Nearly similar was the conduct of Dr. Johnson on *his* death-bed, which was more remarkable, considering that he was all his life-time tormented with the fear of death.

[f] Rev. William Carus, *Memoirs of the Rev. Charles Simeon*, p. 813.

Boswell describes the circumstances as follows:—"Johnson, with that native fortitude which, amidst all his bodily distress and mental sufferings, never forsook him, asked Dr. Brocklesby, as a man in whom he had confidence, to tell him plainly whether he could recover. 'Give me,' said he, 'a direct answer.' The doctor having first asked him if he could bear the whole truth, which way soever it might lead, and being answered that he could, declared that in his opinion he could not recover without a miracle. 'Then,' said Johnson, 'I will take no more physic, not even my opiates; for I have prayed that I may render up my soul to God unclouded.' In this resolution he persevered, and at the same time used only the weakest kinds of sustenance. Being pressed by Mr. Windham to take somewhat more generous nourishment, lest too low a diet should have the very effect which he dreaded, by debilitating his mind, he said, 'I will take anything but inebriating sustenance[g].'"

Query 25.—In cases where, from confirmed structural change of organs, or from other causes, he may have reason to suspect that no *remedial* treatment will be successful—what is the proper course to be pursued by the medical man who may be called in?

[g] Boswell's *Life of Johnson*, p. 617.

Ans.—An honest and straightforward one, as in every other instance. His prognosis, of course, if the circumstances demand it, should be guarded, and perhaps even not hazarded without further medical consultation; and although his conduct must, to some extent, be guided by the character and views of the patient and his friends, he should rather give up entirely the treatment of the case than be induced to add to the evil that has already come upon his patient, by injudicious attempts at restoration, where palliation only may be practicable. Writing on the medical treatment of old age, Dr. Holland says:—"The first practical conclusion which the prudent physician will draw from his knowledge here is, in some sort, a negative one; viz., not to interfere—or, if at all, with care and limitation—in those cases where changes, irretrievable in their nature, have occurred in any organ or function of the body. To urge medical treatment in face of distinct proof to this effect, is to sacrifice at once the good faith and usefulness of the profession. This is a point the more needful to be kept in mind, as the patient himself, and those around him, are rarely able or willing to recognize it. It is often an exceedingly nice question of conscience, as well as of opinion, to define the extent to which practice may rightly proceed in such

instances; always admitting, as must be done, that something is due to the feelings of the patient; something also to the uncertainty of our own judgments, antecedently to actual experience. This question in medical morals, like so many others, cannot be treated as a general principle only. The integrity and discretion of the practitioner must ever be appealed to for guidance in the endless variety of particular cases. In some, concession to a certain extent is safe, or even justified by indirect advantage to the patient. In others, mischief alone can arise from this meddling with the course of nature; and bad faith or bad judgment are involved in every such act of practice[h]."

Query 26.—What are the principles that should guide the medical man in his attendance on cases of a mortal character, and in his intercourse with the family and friends of the patient on these occasions?

Ans.—When called to a case which you decidedly perceive to be of a quickly fatal tendency, your duty is at once to apprise the friends (or at least such of them as prudence may point out,) of your opinion, and likewise the patient himself, more especially if he appeal to you, unless peculiar circumstances at the time forbid it.

[h] *Notes and Reflections*, chap. 19. p. 290. second ed.

After having discharged this most disagreeable duty in the most judicious manner that you can, and given the patient or his relatives an opportunity of calling in further advice, if they should think proper, of procuring the aid of a clergyman, and of making whatever other arrangements may be necessary in the circumstances, you should, with the utmost promptitude, and with as hope-inspiring and sympathising a manner as possible, set about taking advantage of whatever possibility of recovery nature may hold forth. The dictum of Samuel Johnson on this point requires some qualification. He says:—"I deny the lawfulness of telling a lie to a sick man for fear of alarming him. You have no business with consequences: you are to tell the truth. Besides, you are not sure what effect your telling him that he is in danger may have. It may bring his distemper to a crisis, and that may cure him. Of all lying I have the greatest abhorrence of this, because I believe it has been frequently practised on myself[i]." A little medical experience would have induced the stern moralist to have modified his aphorism at least to the extent of allowing the medical man a discretionary power of withholding the truth, or part of it, when the character of his patient or other circumstances war-

[i] Boswell's *Life of Johnson*, June 13, 1784, p. 576.

ranted him. Medical men are often very unfairly blamed, in cases of a hopeless character, for not at once telling their patients that they cannot recover. In cases of such an acute or unmistakeably fatal character as must in all probability terminate the patient's life in a few days or even hours, and where the shock given by the information to his feelings, would not be likely to turn the balance of chance against him, it is decidedly proper that the friends or the clergyman should let him know that he must prepare for the worst. But if in any chronic case the medical attendant, who is looked upon by the patient as the angel of life and health, really believes that by setting the seal of *his* testimony to the poor invalid's death-warrant, his days would be shortened by weeks or even months; or that the shock would be so great that he would refuse, or indeed be unable, to take his food, and would give himself up to the horror of despair; so that, instead of sinking calmly into the arms of death, as nature provides, he would have to endure a fearful struggle, equally harrowing to himself and to the feelings of his friends, with "the last enemy," whose approach had been too abruptly and inconsiderately pointed out to him;—in such a case (which however is probably less often met with than some medical practitioners imagine,) it may be right to with-

hold from the patient the full amount of his danger.

The medical man must frequently have his feelings severely tried by witnessing the distress brought upon those who are deprived, or threatened to be deprived, of individuals with whom their dearest affections are bound up, or upon whom their subsistence or prospects in life depend; and there is a danger, on these occasions, of his giving way to his feelings of sympathy to such an extent as to unnerve him for the important and responsible duties involved in his having the charge of the case. The following extracts from Mr. Pettigrew's "Memoirs of Lettsom" will, I think, exhibit the true philosophy that should guide the practitioner on such occasions. The amiable Dr. Cuming, in writing to his friend Dr. Lettsom, says[k]:—"Have you not sometimes felt the humid clay-cold grasp of a respected friend's hand? Have you not seen the lack-lustre eye, the wan, perhaps the distorted features, and the convulsive pangs of an expiring husband and father,—his bed encircled by an affectionate wife and a group of weeping infants, whose *comfort* in this world—nay, perhaps, whose *subsistence*—depended upon the life of their parent? Here, too, you have *sensibilities*, and *exquisibilities*, but they are of a dif-

[k] Vol. i. p. 24.

ferent complexion from those that you paint: these rend the very heart-strings, and make us deplore the weakness and *impuissance* of our art. When these have occurred, I have been on the point of abjuring the practice of physic, have wished to inhabit a den in the desert, or have lamented that I had not been bred to the trade of a cobbler." Dr. Lettsom, who to an equally benevolent heart joined the most masculine good sense and practical wisdom, takes quite another view of the subject, and shews how the honey of comfort may be extracted from the bitter cup of affliction, and the unavailing physician of the body may become the angel of hope and consolation to the mind of the mourners. "I did not expect," he says, in reply, "I should ever have occasion to differ in sentiment from Dr. Cuming; but with respect to all those dreadful pictures he has so painfully exhibited of the *impuissance* of our art, I feel (I mean I have experienced,) very different impressions. A physician is always supposed to have formed a judicious prognostic, to have foreseen the 'convulsive pangs of an expiring husband and father,' and all the subsequent catalogue of distresses; but here, my friend, it is, that, when in the physician the friend and the divine are combined, his affection, his good sense, and his sympathy, pours into the afflicted the oil of comfort;

he soothes the pangs of woe; he mitigates the distress; he finds out something in the wise dispensations of Providence that he carries home to the bosom of affliction. Here it is that he is truly a guardian angel; his assiduity makes him appear as a sufferer with the family; they view him as part of the family; sympathy unites him to them; he acquires new ties, new affections; he mourns with them, and his philosophy points out new sources of consolation; he is beloved; he is become the father of the family; he is every thing that Heaven in kindness deputes to soften, to dissipate misery[l]." "I think," he says, on another occasion, "that a humane physician, who evinces by his conduct a tender interest in the recovery of his patient, never loses reputation by an event which no human means could prevent: on the contrary, oftentimes nearer attachments are acquired; for the sympathy of the physician makes him appear almost as one of the family, and mutual anxiety begets mutual endearment. This I have felt and seen daily; and sometimes the pleasures of rational melancholy, if I may so term it, are the most permanent, and the most consolatory to a feeling heart[m]."

Query 27.—What is the proper frame of

[l] Vol. i. p. 27.

[m] Vol. ii. p. 56.

mind for the practitioner when engaged in the active duties of his profession?

Ans.—To lay down a specific rule on this head were almost impossible, so much will depend on the natural temperament and character of the individual, and on the varying circumstances and society in which he may be placed. But one thing is plain—that, whatever these may be, kindness, firmness, self-possession, circumspection, fidelity, candour, and intelligence, ought, if possible, to form prominent features in his demeanour. The chief qualities necessary in a medical man are most accurately and beautifully symbolized in the ancient myth regarding the demi-god Æsculapius, in which he is represented as accompanied by three companions—the dog, the dove, and the serpent[n]. These seemingly incongruous associates may be supposed to indicate unshaken fidelity and devotion to the interests of his patients, and gentleness and harmlessness in his dealings with them, combined with wisdom and caution in the treatment of their maladies. But in his medical attendance generally, and more particularly in cases of difficulty and danger, every practitioner possessed of a well-constituted mind, will frequently raise his soul to the great Disposer of events—the ever-flowing Fountain,

[n] See Mr. Pettigrew's *Memoirs of Lettsom*, vol. ii. p. 190.

as well as the great terminal Ocean of life and health — the only Source of all true wisdom and consolation. An acquired habit of this kind (and every practice of which the tendency is undoubtedly good, ought to be fostered and encouraged till it acquire the force of a habit,) will be attended with various beneficial results, even irrespectively of the avowed object of such an act of devotion. The mind will in a moment, even in the midst of the bustle and excitement of every-day life, be subdued into that calm, observant, and dispassionate state, which is so valuable and requisite amid the distractions of a sick room. The christian virtues, many of which, as faith, hope, charity, and resignation, are highly sanatory in their operation, will be called into exercise in the first place in the mind of the practitioner, and will then through the force of sympathy be kindled in the breast of the patient; while the opposite and more selfish feelings of ostentation or vanity, avarice, rivalry, irritability, rashness, &c., which often do irreparable mischief in the circumstances referred to, will be kept in subjection. In a mind previously disciplined, a short space of time—even a minute or two, as the practitioner is entering the house of his patient —is quite sufficient to produce the effect desired. And even when in the act of investigating

disease at the bedside of his patient, I believe what might still be called a *devotional* frame of mind to be the best that can be assumed by the practitioner, though it should certainly not be exhibited in an observable or ostentatious manner. Looking upon the human body as a temple (with which it is often compared in Scripture[o],) most fearfully and wonderfully made by the great Architect of the universe, or as a machine whose exquisite mechanism and functions he should ever strive to be familiar with, and to keep distinctly before his mind's eye—viewing it, moreover, as united with the God-like faculties of soul and mind, and animated and kept in action by the recondite principle of life—the medical attendant should regard himself as the high-priest of this latter mysterious power, whose indications he should carefully and reverentially watch, whose responses to the appeals made to it by the resources of his art, he should sedulously collect and decipher, and in whose service he should at all times consider it the highest honour and privilege to be employed. Such a state of mind, of course, is not to supersede, but rather to direct and regulate, the use of medical knowledge specially so called; and the practitioner should have his mind constantly replenished from the best sources with all

[o] Ps. cxxxix. 14; 1 Cor. iii. 16.

manner of professional lore, both theoretical and practical. He who is impressed and actuated in the manner described, runs far less risk of rashly invading and injuring the sanctuary of life, or of improperly interfering with the natural and recuperative powers of the human constitution, than he who is actuated merely by scientific zeal. In the practice of medicine, science ought to be regarded in all cases as a servant or minister to a higher power, rather than as the embodiment of that power itself. I believe there is a much larger amount of evil inflicted on society than we are willing to admit, under the cloak of science, assumed, as it may be, either in simple sincerity, or from politic and unworthy motives. Science alone, particularly when accompanied by the inexperience of youth, and unbridled by the higher principles of religion and morality, is as powerful for evil as for good, and tends, moreover, to make its professors presumptuous, pedantic, and arrogant.

The medical man should not be carried away by every wind of doctrine that may pass across the surface of society, or of the profession. In his mind there should be a silent ever-flowing under-current of common sense, the combined result of good feeling, accurate diagnostic observation, accumulating experience, and reflec-

tion. This, though perhaps little calculated to elicit eclat, or even to excite general appreciation, should nevertheless be sufficient to bear along with it those more superficial currents or eddies of speculation and opinion, in which, to a greater or less extent, he will necessarily participate; which are produced by the popular prejudices that happen to prevail either generally or locally, as well as by those periodical tides of theory (indicated by the various schools,—*quasi* flood-marks,—to which they give rise,) which succeed each other in the profession itself with almost the certainty and regularity of a fixed law[p].

[p] See Gregory's *Duties and Qualifications of a Physician*, Lect. 3, p. 82. ed. 1805.

[Deo Gloria.]

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PROSPECTUS.

1. It is proposed (with God's assistance,) to publish in a series the lives of those Physicians who have been most eminent for their piety, in whatever age and country they may have lived.

2. The profits (if any,) arising from these publications will be given eventually to some Medical Charity.

3. In this undertaking the Editor will be happy to receive literary assistance from such of his friends as may take an interest in the work.

4. As the whole of the present expense and risk falls upon the Editor alone, he will gladly accept any donations or subscriptions in aid of the design from persons who may feel an interest in it.

5. The lives will of course vary much in length, some forming each a volume of itself, and others constituting a distinct class consisting of much shorter notices. The volumes will not be published in any particular order, but they will be strictly uniform in size, type, &c.

6. The number of volumes to be published annually must depend on the amount of money received either from the sale of the works, or from the donations of friends.

7. The Editor will be answerable for the general accuracy and fidelity of the narratives, for the tone and spirit of the whole work, and for the selection of the lives to be published; and accordingly he will be deeply pained, if any person of piety and good sense shall consider, either that he has inserted in his list any name but those of Physicians really fearing God and loving Christ, or that he has published any life written in a low or unchristian spirit: but, as it is proposed to comprehend Physicians of all ages and countries, and not merely those who have been members of the Church of England, (still less those who have belonged to this or that particular party in it,) it is manifest that neither the Editor nor the Writers are to be considered responsible for the particular theological opinions which any of these individuals may have held.

All Saints' Day, 1844.

The Editor will be much obliged to any one who will furnish him with any Letters, Papers, or information of any kind, relating to the life and character of the following individuals.

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Thomas Bateman, M.D.; -	born 1778, died 1820.
Sir Richard Blackmore, M.D.;	born ——, died 1729.
William Blair; - - -	born ——, died 1822.
Herman Boerhaave, M.D.; -	born 1668, died 1738.
Sir Thomas Browne, M.D.; -	born 1605, died 1682.
John Cheyne, M.D.; - -	born 1777, died 1836.
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Thomas Willis, M.D.; - -	born 1622, died 1675.

Feb., 1850.